

LIMITED SOURCES JUSTIFICATION

**ORDER >\$3,000
FAR PART 8.405-6**

2237 Transaction # or Vista Equipment Transaction #: 589-13-3-1405-0344 (INSERT)

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide original manufacturer's name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: Hill-Rom
Manufacturer/Contractor POC & phone number: 913-669-0400 Mickie Farthing RN, BSN, CCRC
Mfgr/Contractor Address: 1069 State Route 46 East, Batesville, IN 47006
Dealer/Rep address/phone number: Same as above

☒ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs
4801 E. Linwood Blvd
Kansas City, MO 64128
VISN: 15

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

Need to rent five (5) Hill-Rom Beds, type VersaCare Bed with P500 Surface to allow safe treatment of patients in the Dialysis Unit. Currently, our beds are an infection control problem as the mattresses are cracked and cannot be cleaned properly. We have an urgent and compelling need to procure five (5) rental beds for a short duration to eliminate the possible infection control issue that we are currently facing. With the short timeframe we are dealing with we did not have time to conduct a proper market research. Our current beds are in such a declining state that for patient safety we need to act sooner rather than later to avoid the possible contamination of patients. This is a Emergent Request from a clinical unit that uses beds six days a week for the treatment of very ill already compromised patients that cannot afford exposure to other disease or contaminates.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:

Hill-Rom Beds, VersaCare Bed with P500 Surface for proper clean procedures. We currently have these beds and need to maintain the consistence of these in line with the other beds in the medical center. Electric and adjustable powered adjustable with reclining head and foot extensions. It is not cost Effective to train staff on a different model as this a short-term rental until our facility purchases a new Fleet of beds for our facility

(b) ESTIMATED DOLLAR VALUE: \$16,830.00

(c) REQUIRED DELIVERY DATE: April 30, 2013

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE. (CHECK ALL THAT APPLY AND COMPLETE)

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

Electric Adjustable; Bed controls on side rails, foot of bed and/or patient pendant control; Powered height adjustable; Removable foot and head board; Quad Side Rails; Surface must provide pressure redistribution; Power drive system; main power shut off switch in event of an emergency; battery back up; accommodate evacuated; weight limit of 300 lbs. Renting the same beds will prevent the need for the medical staff to be trained on different beds with different specifications. This is especially important as this is a short-term need until new beds are purchased. Hill Rom was contacted to see if they have any small business distributors that have Hill Rom beds on FSS contracts; they do not.

☐ A patent, copyright or proprietary data limits competition. The proprietary data is:
(If FAR 8.405-6(a)(2)iii before posting. Do not include specific proprietary data. Only mention the type of equipment, procedure, etc. to show that proprietary supplies or services are being procured.)

☐ These are "direct replacements" parts/components for existing equipment.

☐ The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.

☐ The new work is a logical follow-on to an original Federal Supply Schedule order provided that the original order was placed in accordance with the applicable Federal Supply Schedule ordering procedures. The original order must not have been previously issued under sole source or limited source procedures.

☒ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.

These beds are needed to meet Infection Control standards and guidelines for patient care and cross-contamination of blood-borne products. These beds need to be cleanable between patients as there are blood products that could contaminate other patients. Our current beds are currently open to all forms of disease and patient soil, which is why we are needing the rental beds as an emergency. These beds will also match the current fleet with the ease the patients and staff are used to operating. It is not cost effective to train staff on the proper use of another bed model as this is a short-term rental until new beds can be purchased competitively.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

We have had good value from this vendor. They have beds that meet our needs and are very receptive to our requests. We are currently in the procurement mode of purchasing beds for our facility and will more than likely replace them with the same bed due to the fact of these being the best value and the most responsive vendor. Also, the beds are on FSS Schedules and therefore the price has already been determined as fair and reasonable in accordance with 8.404(d).

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

We have an urgent and compelling need to procure five (5) rental beds for a short duration to eliminate the possible infection control issue that we are currently facing. Our current beds are in such a declining state that for patient safety we need to rent the five beds until a new fleet is purchased for our facility to avoid contamination of patients. This is a Emergent Request from a clinical unit that uses beds six days a week for the treatment of very ill already compromised patients that cannot afford exposure to other disease or contaminates.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

None.

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

We are ready to start a new engineering project for a new Dialysis Unit for our facility. In that project are new beds, which tie into the procurement process for the entire facility on new beds. We cannot wait that long on beds for Dialysis.

(9) **REQUIREMENTS CERTIFICATION:** I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. (This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)

Prateek Sharma
SIGNATURE

4/23/13
DATE

Prateek Sharma, M.D.

Acting Chief, MSSC

Medical Subspecialty Care

NAME

TITLE

SERVICE LINE/SECTION

589-Kansas City VA Medical Center

FACILITY

(10) **APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):**

a. **CONTRACTING OFFICER'S CERTIFICATION (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Lori Kopacz
CONTRACTING OFFICER'S SIGNATURE

4/23/13
DATE

Lori Kopacz, Contracting Officer

NAME AND TITLE

NCO-15
FACILITY

b. **NCM/PCM/DESIGNEE:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Christine L. Scena
SIGNATURE

4-24-2013
DATE

Christine Scena
NAME

NCO 15 NCM